

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

to Nancy
3/8/08

SECTION A

1. Company Name: ALLEN SUPPLY & LAUNDRY SERVICE INC
2. Permit Number if applicable: 2722 0006
3. Location: 971 E 24th Street
PATERSON NJ Zip Code: 07513
4. Mailing Address: 407 20th Ave
PATERSON NJ Zip Code: 07513
5. Person to contact concerning information provided in this application:
Name of Contact Official: Anthony Piscitello Chris' cell.
973-979-7335
Title: Manager Phone No.: 973 742 6131
Address: 407 20th Ave PATERSON NJ Zip code: 07513
6. Number of Employees – Full Time: 100 Part Time: 0
Number of Work Days Per Year: 260
Number of Shifts Per Day: 2
7. If property is owned indicate block and lot number(s): Block 8906 Lot 25

Assessed Value: \$42,300

8. If property is rented indicate name and address of owner: _____

Total square feet rented: 5000

9. List NJPDES Permit Number if applicable, NONE and
Name of receiving Body of Water entered NONE

Spoke w/Chris
Gomez PH. Mr.
No Charges & operation
since application
submitted
Bur 2/5/08

INC
8/1/07

INDUSTRIAL		
81100	81150	81200
AUG 9 2007		
81250	82050	82100

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: PASSAIC VALLEY WATER CO.List all Account #'s: 122659 - 11516612. Water Received: From Mo. JAN Yr. 06 Through Mo. DEC Yr. 06

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	2896256			2896256
2 nd Qtr.	3053980			3053980
3 rd Qtr.	3627800			3627800
4 th Qtr.	3912040			3912040

GRAND TOTAL 1,349,007.6

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	27740		
Process waste water	11061998		
Cooling water			
Evaporation			2400338
Contained in the product			
Other (describe)			

GRAND TOTAL 1,349,007.6

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer Y ☒ N
 To the Combined Sewer ☒ Y - N
 To the Storm Sewer Y ☒ N
 River or Ditch Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
PUBLIC Sewer service	190 Main Ave Washington MO 67057	5730	Sludge

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____
 or intermittent ☒ each operating day.

If the discharge is intermittent, it occurs between the following hours: 6 AM - 7 PM

17. Brief description of Manufacturing or other activity performed: Liner Removal

List SIC CODE #: 6219

18. Principal Raw Materials used: INDUSTRIAL Laundry Detergent

19. Principal Products or Services: TABLE Liner and vapors

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: NONE

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. Provide dates usually shutdown

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet #1 WE USE SULFURIC ACID
TO TREAT FOR P.H. / PH Meter

Outlet

Outlet

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>#1</u>	<u>yes</u>	<u>COMPOSITE SAMPLER</u>	<u>NO DRY ICE</u>

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
#1	36818	Y	Flow	JAN/06
#2	1530	N	N	N

24. Frequency of calibration of each flow meter: ONCE a month

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. #1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
Parameter	Value	Parameter	Value
*Radioactivity (PL-1)	X	*Antimony (Sb)	X
Total Solids	X	*Arsenic (As)	X
*Volatile Solids	X	*Boron (B)	X
Total Suspended Solids	223	Cadmium (Cd)	<0.008
*Volatile Suspended Solids	X	*Chromium Total (Cr)	X
(1)(3) SGT-HEM (EPA Method 1664 Rev. A) used 2/08 SAMPLE ATTACHED. Biochemical Oxygen Demand (BOD)	X 1.5 mg/l	Copper (Cu)	0.127
Chemical Oxygen Demand (COD)†	X	*Iron (Fe)	X
*Total Organic Carbon (TOC)	X	Lead (Pb)	<0.020
pH(standard unit range)	9	*Cyanide (Cn)(3)	X
(1) Ammonia as N	X	Mercury (Report to 0.XXX)	<0.0004
(1)(3) Total Oil & Grease	5.1	Nickel (Ni)	<0.010
*(1) Sulfide	X	*Selenium (Se)	X
* (1) Ortho Phosphates as P	X	*Silver (Ag)	X
*(1) Kjeldahl N as N	X	*Tin (Sn)	X
*(2)(3) TTO (Report to 0.XXX)	X	Zinc (Zn)	0.133
		*Phenol	X
		*Pesticides (Report to 0.XXX)	X
		*TTVO (Report to 0.XXX)(3)	X

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98
09/05

SECTION E (continued)Samples collected by: Anthony PiscitelliDate: 3/8/07Sample analyzed by: GARDEN STATE LABORATORIES Date: 3/8/07Products being manufactured when sample was collected: TABLE LINE27. Who performs the analyses of the samples for User Charge? GARDEN STATE LABORATORIES28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y N29. Who performs the analyses of the samples for the Pretreatment Parameters? GARDEN STATE LABORATORIES

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N

yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION FPRETREATMENT

32. Industrial Category: NONE
 Subpart (s): N/A
33. Compliance date(s): _____
34. Is facility in compliance? yes If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: _____
36. Compliance schedule submitted: N/A
 If yes is facility on schedule? _____ Explain if compliance date will not be met: _____


37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe N/A
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe yes Moet System
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N)
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: _____
 Is there any plan to discharge groundwater? NO

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:



Print Name

TITLE:

Mason

8/8/07

DATE



SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chlorethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)			X		nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichloro propene)			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
diethylphthalate			X		BHC Alpha			X	
dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony(total)			X	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)			X	
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)			X	
trichloroethylene			X		chromium (total)			X	
vinyl chloride			X		copper (total)			X	
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)			X	
chlordane			X		mercury (total)			X	
4,4 DDT			X		nickel (total)			X	
4,4, DDE			X		selenium (total)			X	
4,4, DDD			X		silver (total)			X	
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)			X	
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
					p-dioxin			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis (2-chloroaniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloroaniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylydines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate			X	
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium			X	
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Name of Applicant

Allen Supply & Laundry Service Inc

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

Allen Linen Supply

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: CHRISTIAN GOMEZ

Street Address: 407 - 20th Ave

City, State & Zip Code: Pat, NJ 07513

Business Telephone: 973 742 6131 Emergency Telephone: 201 852 4310

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: Allen Liner

Company Name: Allen Supply & Laundry Service INC

Street Address: 407 20th Ave

City, State & Zip Code: PAT. N.J. 07513

Telephone: 973 742 6131
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New Jersey

Date: 1931

Certificate of Incorporation No.: 0062063

Copy of certificate of incorporation attached? ☒ Yes ☐ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: HERBERT Allen III Telephone: 973-742-6131 EXT 6
 Business address: 407 20th Ave PATERSON NJ 07513

Office held	Date took office	Date of birth
<u>PRES.</u>	<u>1997</u>	<u>3-31-59</u>

Name: _____ Telephone: _____
 (area code)

Business address: _____

Office held	Date took office	Date of birth
_____	_____	_____

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: _____ Telephone: _____
 (area code)

Business address: _____

Office held	Date took office	Date of birth
_____	_____	_____

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

HERB Allen			
407 20th Ave Pat. NJ 07513			
Position held	From	To	Date of birth
		(month/year)	
Pres.	1978	9/97	4-27-34

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: HERBERT Allen III

Street Address: 407 20th Ave.

City, State & Zip Code: Paterson NJ 07513

Bus. Phone 973-742-6131 Ext 6

Name:

Street Address:

City, State & Zip Code:

Bus. Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☒ No

TYPE OF ASSOCIATION: Check One

☐ General Partnership ☐ Limited Partnership ☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone: _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case:

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

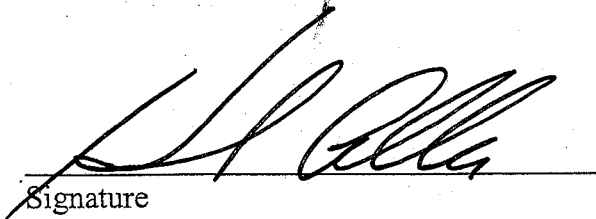
Disposition (if applicable,
sentence imposed): _____

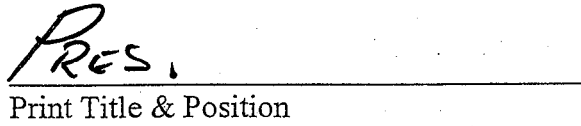
CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:


Signature


Print Title & Position

**STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE**

Taxpayer Name:	THE ALLEN SUPPLY & LAUNDRY SERVICE
Trade Name:	
Address:	967 71 E 24 ST PATERSON, NJ 07513
Certificate Number:	0062063
Effective Date:	November 18, 1931
Date of Issuance:	August 08, 2007

For Office Use Only:
20070808135045243



Passaic Valley
Sewerage Commissioners

~Established 1902~

600 WILSON AVENUE
NEWARK, NJ 07103
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

THOMAS J. POWELL
Chairman

ARL S. CZAPLICKI, JR.
Deputy Chairman

RANK J. CALANDRIELLO
WILLIAM F. FLYNN
AN C. LEVINE
JETHONY J. LUNA
GELINA M. PASERCHIA
NETH R. PENGITORE
Commissioners

BRYAN J. CHRISTIANSEN
Executive Director

JAMES KRONE
Deputy Executive Director

JOSEPH FERRIERO
Chief Counsel

ANTHONY W. ARDIS
Clerk

RECEIPT

Received From ALLEN SUPPLY & LAUNDRY SERV., INC.

Customer ID# 27220006 Check # 27251

Amount of Payment \$750.⁰⁰ Date of Payment 8/14/07

A/ Violation (VIO) – Effluent \$

B/ Violation (VIO) – Late Report \$

C/ Civil Actions (LEGAL) \$

D/ Application Fee (AF) \$750.⁰⁰

E/ Letter of Authorization Fee (LOA) \$

F/ Permit Fee (PF) \$

G/ CID Treatment Fee (CID) \$

H/ Supplemental User Charge Fee (SUC) \$

I/ One Time Groundwater Discharge (GWD) \$

J/ Other (FEES) \$

Payment received by:

Signature Heather Card

Amount 750.00 Date 8/15/07

Allen Supply & Laundry Service, Inc.

407 - 20th Ave.
Paterson, NJ 07513
973-742-6131
allenlinen@allenlinen.com

ATLANTIC STEWARDSHIP BANK
RIDGEWOOD, NJ 07450
55-658/212

27251

8/8/2007

PAY TO THE ORDER OF Passaic Valley Sewerage Commissioners

\$ **750.00

Seven Hundred Fifty and 00/100 ***** DOLLARS

Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

MEMO

Sewer Use Permit #27220006

VOID AFTER 30 DAYS FROM DATE OF ISSUE

⑈027251⑈ ⑈021206582⑈ ⑈1202413⑈



9737420989

TIME SAMPLED: 08:00

Harry Klein

PVSC39 - 00001610

FEB-29-2008(FRI) 12:35

ALLEN LINEN SUPPLY

(FAX)9737420989

P. 001/004

Allen Linen Supply
971 East 24th Street
Paterson NJ, 07513
973-742-6131

Fax Cover Sheet

Date 2/29/08 From Juan G. at Allen Linen

To Sal

Attention Sal

Number Of Pages: 3 Not including the cover sheet

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Fax number 973-742-0989

Page 1



ACCREDITED IN ACCORDANCE WITH
nelap

REPORT OF ANALYSIS

NJ 07513
9737420989

TIME SAMPLED: 08:00

[illegible]

< = less than, not detected.

Harry Klein

linenguy@allenlinen.com

173792

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Certified by U.S. Public Health Service, NJ Dept. of Health, NJDEP #20044, NY Dept. of Health #11550 and PADEP #68-03680



ACCREDITED IN ACCORDANCE WITH
nelac

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
email: info@gsilabs.com
Internet: www.gsilabs.com

REPORT OF ANALYSIS

DATE SUBMITTED: 2/7/08

NJ 07513
9737420989

TIME SAMPLED: 08:00

[illegible]

Harry Klein

173792

PVSC39 - 00001613

2/29/08

- Chris Gomez stated that Anthony Piscatello no longer works at Allen Linen.

+ Garden State Labs still has not provided the proper samples + have been replaced by Hanover Controls for SUT sampling.

— Still waiting on samples for COD, TS, + Ammonia^{as} N as of 2/29/08. Chris Gomez claims GS Labs ~~were~~ ~~g~~ were given a sample yesterday 2/28/08 for these. Also, need COC for SGT-Hem sample taken in 2/08. Chris will fax today.

↳ Plant Mgr.



Bacteriological and Chemical Testing
410 Hillside Avenue
Hillside, New Jersey 07205



Toll Free 800-273-8901
Telephono 908-688-8900
Fax 908-688-8966
email: info@gsllabs.com
Internet: www.gsllabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: ALLEN LINEN SUPPLY
407 20TH AVENUE

REPORT # 280208018.0
CLIENT # ALL41
DATE SUBMITTED: 2/8/08

PATERSON
ATT: JUAN GALARZA

NJ 07513
9737420989

SAMPLE TYPE: WATER, 24 HOUR COMPOSITE SAMPLE

SAMPLE ID:

SAMPLE LOCATION:

DATE SAMPLED: 2/8/08

TIME SAMPLED: 08:00

[illegible]

< = less than, not detected.

Harry Klein

linenguy@allenlinsen.com

173830

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.

MAR-07-2008(FRI) 16:35

ALLEN LINEN SUPPLY

(FAX)9737420989

P. 001/002

Allen Linen Supply
971 East 24th Street
Paterson NJ, 07513
973-742-6131

Fax Cover Sheet

Date 3 17 108 From Juan G. at Allen Linen

To _____

Attention Sal

Number Of Pages: 1 Not including the cover sheet

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Fax number 973-742-0989

Form 1